AMERICAN LUNG ASSOCIATION®
of San Diego and Imperial Counties

American Lung Association
of San Diego and Imperial Counties
Childhood Asthma Initiative
2750 Fourth Avenue
San Diego, CA 92163-1879

ENVIRONMENTAL HISTORY

Asthma **C**oordinator#_____ ❑ Social Worker 1
❑ Respiratory Therapist 2

Patient ID #_____

Date_____

Start of Interview:_____:_____ ❑ a.m. ❑ p.m.

End of Interview: _____:_____ ❑ a.m. ❑ p.m.

Forms: ❑ Pre 1
❑ Follow-up 2
❑ Post 3

Level of Severity: ❑ Mild Intermittent 1
❑ Mild Persistent 2
❑ Moderate Persistent 3
❑ Severe Persistent 4

Treatment: ❑ Quick Relief Medication 1
❑ Long-term Corticosteroids 2
❑ Long-term Non-corticosteroids 3
❑ Quick Relief & Corticosteroids 4
❑ Quick Relief & Non-corticosteroids 5

Number of **Visits**: _____ #

Number of **Visit** to **ER**: _____ #

THE QUESTIONS ARE TO BE ANSWERED BY THE CHILD'S PRIMARY CARE GIVER OR GUARDIAN. PLEASE READ THE FOLLOWING PRAGRAPH TO THE RESPONDANT.

The purpose of this home audit is to identify the environment in your home and how it relates to your child's asthma. The audit consists of two (2) parts. In the first part, I will ask you a series of questions about your family and about things in your home that might increase the chances of your child having an asthma attack. In part II, I will ask you to show me certain rooms in your house. This survey is in no way to judge how clean you keep your home other than for the purpose of giving you feedback to help your child's asthma.

Part I

A. RESIDENCE

1. Is this the initial assessment?
   - ❑ Yes 1
   - ❑ No 2

2. Identify type of **dwelling** family lives in:
   - ❑ Single Family Home 1
   - ❑ Multi-unit complex 2 (include duplexes, townhouses and apartments)
   - ❑ Trailer 3
   - ❑ **Oth**er 4 (please **specify**) _____ Othome

3. If the family is part of a multi-unit complex, does the family live on the
   - ❑ Basement **level** 1
   - ❑ First floor 2
   - ❑ Second floor 3
   - ❑ Third floor or higher 4

   - ❑ How close to parking lot or above a **parking** garage? 1-yes, 2-no
   - ❑ How many miles from **highway** 1-yes, 2-no
   - ❑ Live above a **store** 1-yes, 2-no

PLEASE READ THE FOLLOWING QUESTIONS TO THE RESPONDENT, EXACTLY AS THEY ARE WRITTEN.

4. How many adults (18 years of age or older) sleep in the home? _____

5. How many **children** (less than 18 years of age) sleep in the home (include the study subject in this number)? _____ #

6. How long has (CHILD'S NAME) lived at this residence? Please tell me the number of years and months?
   _____ Years
   _____ Months
   _____ Days

7. In a typical month, how many nights does (CHILD'S NAME) **sleep** at **ano**ther residence? _____ #

8. Does anyone, smoke **tobacco**, inside the home (cigarettes, cigar, and pipe)?
   - ❑ Yes 1 — If **yes**, how often is **smok**ing allowed at home
     - ❑ Rarely 1
     - ❑ Daily 2
   - ❑ No 2
   - ❑ Don't know 3

9. Does cigarette smoke from a **neighbor** enter your home?
   - ❑ Yes 1
   - ❑ No 2

10. What is your heat **source** during the cold season? CHECK ALL THAT APPLY
    - ❑ **Electric** 1-yes, 2-no
    - ❑ **Gas** 1-yes, 2-no
    - ❑ **Kerosene** 1-yes, 2-no
    - ❑ **Propane**/butane 1-yes, 2-no
    - ❑ **Wood**-stove/fireplace. 1-yes, 2-no — Number of times used during previous heating season _____
    - ❑ **Oth**er 1-yes, 2-no (**spec**ify) _____

11. What kind of kitchen **stove** do you use?
    - ❑ Electric 1
    - ❑ Gas 2
    - ❑ Propane 3

12. Do you sometimes **smell fuel** from furnace or stove?
    - ❑ Yes 1
    - ❑ No 2

13. Do you use a stove **fan** when cooking?
    - ❑ Yes 1
    - ❑ No 2
    - ❑ Sometimes 3

14. Is fan **vent**ed to the outside?
    - ❑ Yes 1
    - ❑ No 2
    - ❑ N/A 3

15. Is there an **unvent**ed kerosene or gas heater?
    - ❑ Yes 1
    - ❑ No 2

16. Do you **smell smok**e indoors when the stove/fireplace insert is in use?
    - ❑ Yes 1
    - ❑ No 2

17. If you have a **garage**, is it attached to the home?
    - ❑ Yes 1
    - ❑ No 2
    - ❑ N/A 3

18. How many of the following pets live inside or spent part of the time in the home? PLEASE WRITE NUMBER INDICATED ON THE LINE (O IF NONE)
    - ❑ **Cat** _____ 1-y, 2-n
    - ❑ **Dog**_____ 1-y, 2-n
    - ❑ **Bird**_____ 1-y, 2-n
    - ❑ **Other**_____ 1-y, 2-n (Specify)_____ typepet

19. In the past month have you seen any evidence of the following pests? CHECK ALL THAT APPLY
    - ❑ **Cockroach**es 1-y, 2-n
    - ❑ **Rat**s/mice 1-y, 2-n
    - ❑ **Oth**er **Pest** 1-y, 2-n (specify) _____

B. CLEANING

20. Do you use a **vacuum** when cleaning your home?
    - ❑ Yes 1
    - ❑ No 2 (Go to Q16)

21. When you vacuum, do you:

Yes 1	No 2	
❑	❑	**D**ou**ble bag** the vacuum
❑	❑	Use a **water filter** vacuum
❑	❑	Use a **special filter** at the base of the exhaust of the vacuum cleaner to collect dust better (E.g. HEPA filter)

22. How often do you **vac**uum your home?
    _____ Times a **week** #
    _____ Times a **month** #
    _____ Times a **year** #
    _____ **Less** than once a year 1-y, 2-n

    22a. How often is (**Child**'s Name) present while you **vac**uum your home?
    - ❑ Always 1
    - ❑ Most of the time 2
    - ❑ Occasionally 3
    - ❑ Never 4

23. How often do you shake your indoor **rug**s?
    _____ Times a **week** #
    _____ Times a **month** #
    _____ Times a **year** #

24. How often do you (or others) shampoo your **carp**et?
    _____ Times a **week** #
    _____ Times a **month** #
    _____ Times a **year** #
    _____ **Less** than once a year ❑ No indoor area rugs

25. How often do you wash your child's **pill**ow?
    _____ Times a **week** #
    _____ Times a **month** #
    _____ Times a **year** #
    _____ **Less** than once a year ❑ No pillows

26. How often do you wash the bed spread or **com**forter on your child's bed?
    _____ Times a **month** #
    _____ Times a **year** #
    _____ **Less** than once a year ❑ No spread or comforter

27. When you **wash** your child's **white** bed linen what temperature do you use?
    ❑ Hot 1 ❑ Warm 2 ❑ Cold 3 ❑ Not applicable 4

28. When you **wash** your child's **color**ed or patterned bed linen, what temperature do you use?
    ❑ Hot 1 ❑ Warm 2 ❑ Cold 3 ❑ Not applicable 4

C. VENTILATION

29. Do you have a working clothes **dryer** filters in the home
    - ❑ Yes 1
    - ❑ No 2 (Go to Q24)

30. Is it **vent**ed (definition of vented) to the outside?
    - ❑ Yes 1
    - ❑ No 2

31. Do you keep your windows and doors open to bring in **fresh air**?
    - ❑ Yes 1
    - ❑ No 2

32. Does you home have any of the following? CHECK ALL THAT APPLY

Yes 1	No 2	Don't Know 3	
❑	❑	❑	a. **Wea**ther-stripped **wind**ows
❑	❑	❑	b. **Wea**ther-stripped **door**s
❑	❑	❑	c. **Storm wind**ows
❑	❑	❑	d. **Storm door**s

33. Do you have a working central or room **air con**ditioning unit?
    - ❑ Yes 1
    - ❑ No 2 (Go to section D)

34. Under what conditions is the central or room **air** conditioning **used**?
    - ❑ Hot weather 1
    - ❑ Humid weather 2
    - ❑ Hot and humid weather 3

35. How often do you use your central or room **air** conditioning unit?
    - _____ Times a **week** #
    - _____ Times a **month** #
    - _____ Times a **year** #

36. How often is the drip **tray** cleaned?
    - _____ Times a **week** #
    - _____ Times a **month** #
    - _____ Times a **year** #

37. How many times a year is the **filt**er/air conditioning cleaned or changed on the air conditioning unit?
    - _____ Times a **year** #
    - _____ **Less** than once a year 1-y, 2-n
    - _____ **Don't** know/not sure 1-y, 2-n

D. INDOOR PEST CONTROL

38. Does you or your landlord have the inside of your residence **treat**ed for **bug**s on a scheduled basis?
    - ❑ Yes 1
    - ❑ No 2 (Go to Q42)
    - ❑ Don't know/not sure 3 (Go to Q42)

39. How many times a year does you have commercially **tre**ated?
    - _____ Times a **year** #
    - _____ **Less** than once a year 1-y, 2-n

40. How is the inside of your home commercial treated for bugs? CHECK ALL THAT APPLY.

Yes 1	No 2	Don't know 3	
❑	❑	❑	a. Dry **powder**
❑	❑	❑	b. **Spray**ing
❑	❑	❑	c. **Gel**
❑	❑	❑	d. **Oth**er (**spec**ify) _____

IF HOME IS NOT TREATED INSIDE BY SPARYING GO TO Q42

41. How often is (child Name) present in the home while it is being **spray**ed inside for bugs.
    - _____ Times a **year** #
    - _____ **Less** than once a year 1-y, 2-n

42. Do you **tre**at inside your home for bugs your**self**?
    - ❑ Yes 1
    - ❑ No 2 (Go to part II)

43. How do you **tre**at the inside of your home for bugs?

Yes 1	No 2	
❑	❑	a. Roach **hotel**/stick bait
❑	❑	b. **Boric** acid
❑	❑	c. **Spray**ing
❑	❑	d **Gel**
❑	❑	e. **Oth**er (**spec**ify) _____

PART II- Visual Inspection

- Complete the surveys as thoroughly as possible
- Involve the parent/guardian in the information gathering process
- Read the following to the respondent:

At this time I would like to walk through several rooms in the house with you. I will be making observations, looking under sinks in the kitchen and bathrooms, and recording information about these rooms. I will also be asking you questions related to specific items in some of the rooms we will be surveying.

I would like for you to show me the room where (child's name) sleeps.

E. Child's sleeping area

44. Please identify the child's **slee**ping **area**.
    - ❑ Bedroom 1
    - ❑ Living room/family room 2
    - ❑ **Oth**er 3 (**spec**ify)_____

45. What does the child usually sleep on? slpsrfce CHECK ONLY ONE.
    - ❑ Bed 1
    - ❑ Mattress on floor 2
    - ❑ Sofa 3
    - ❑ Sofa bed 4
    - ❑ Cot (no mattress) 5
    - ❑ **Oth**er 6 (specify)_____

46. What is the surface **cov**ering of the sleeping unit? (e.g., mattress **surface**, couch surface)
    - ❑ Fabric 1
    - ❑ Plastic 2
    - ❑ None 3
    - ❑ **Oth**er 4 (specify)_____

47. Is there an **matt**ress **pad** or other extra covering on top of the sleeping unit (do not include sheets and Blankets)?
    - ❑ Yes 1
    - ❑ No 2 (Go to Q49)

48. What **type** of mattress **pad** or other extra covering is present?
    - ❑ Fabric 1
    - ❑ Plastic 2
    - ❑ **Oth**er 3 (specify)_____

49. Is the child's bed fully or partiality **encased** with any material?
    - ❑ Fully encased $_1$ (completely covered on the top, sides and bottom)
    - ❑ Partially encased $_2$
    - ❑ Not encased $_3$

50. Describe the **pill**ow **cov**ering that (child's name) normally sleeps on.
    - ❑ Fabric $_1$
    - ❑ Plastic $_2$
    - ❑ Does not sleep on a pillow $_3$ (Go to Q 52)

51. What is the **pill**ow **fill**ed with?
    - ❑ Down/feathers $_1$
    - ❑ Polyester $_2$
    - ❑ Foam $_3$
    - ❑ Don't know/not sure $_4$
    - ❑ **Oth**er $_5$ (specify)_____

52. Identify predominant type of **floor cov**ering in the bedroom or sleeping area.
    - ❑ Carpeting $_1$
    - ❑ Hardwood floor $_2$
    - ❑ Tile or linoleum $_3$
    - ❑ Cement $_4$
    - ❑ **Oth**er $_5$ (specify)_____

53. Are there area **rug**s in the room
    - ❑ Yes $_1$ How many rugs? _____
    - ❑ No $_2$ (Go to Q 55)

54. How often the **rug**s shaken/**cl**eaned?
    _____ Times a **week** $_\#$
    _____ Times a **mo**nth $_\#$
    _____ Times a **year** $_\#$
    _____ **Less** than once a year $_\#$

55. Is there any cloth-**cov**ered **furn**iture in this room?
    - ❑ Yes $_1$ How many pieces? _____
    - ❑ No $_2$

56. Are there any stuffed **toys** visible in this room?
    - ❑ Yes $_1$
    - ❑ No $_2$

57. Is there a **tele**vision in this room?
    - ❑ Yes $_1$
    - ❑ No $_2$

58. Is there at least one **window** in this room?
    - ❑ Yes $_1$ Can any of them be opened? ❑ Yes ❑ No
      It is broken? ❑ Yes ❑ No
    - ❑ No $_2$

59. Is there a **work**ing window **air** conditioner in this room?
    - ❑ Yes $_1$
    - ❑ No $_2$ (Go to Q 62)

60. Under what conditions is it used? workwin
    - ❑ Hot weather 1
    - ❑ Humid weather 2
    - ❑ Hot and humid weather 3

61. How often do you **use** your **win**dow air conditioning unit?
    _____Times a year # usewin
    _____**Less** than once a year 1-y, 2-n

62. Are there **cov**erings on the **win**dows?
    - ❑ Yes 1
    - ❑ No 2 (Go to Q 64)

63. What kinds of coverings are on the windows? CHECK ALL THAT APPLY

Yes 1	No 2	
❑	❑	a. **Curtains**/drapes
❑	❑	b. **Blinds**
❑	❑	c. **Shades**
❑	❑	d. **Sheets**
❑	❑	e. News**paper**
❑	❑	g. **None**
❑	❑	f. **Oth**er (specify)_____

64. Is there a **heat**ing **sou**r**ce**/vent in the room where the child sleeps?
    - ❑ Yes 1
    - ❑ No 2 (Go to Q 66)

65. Which **dir**ection does the **heat** flow in relationship to where the child sleeps?
    - ❑ Away from the child 1
    - ❑ Toward the child 2

66. Is there a **closet** in the room where the child sleeps?
    - ❑ Yes 1
    - ❑ No 2 (Go to Q 68)

67. Does the **clos**et have doors or some other **cov**ering?
    - ❑ Doors 1
    - ❑ No Covering 2 (Go to Q 69)
    - ❑ Other **cov**ering 3 (**spec**ify) _____

68. Are the closet doors or **cov**ering kept **open**ed?
    - ❑ Always 1
    - ❑ Most of the time 2
    - ❑ Occasionally 3
    - ❑ Rarely or never 4

69. Is there a **port**able **hum**idifier in this room?
    - ❑ Yes 1
    - ❑ No 2 (Go to Q 71)

70. When was the last time the **hum**idifier was **clean**ed?
    - ❑ Within the past 7 days 1
    - ❑ Within the past 4 weeks 2
    - ❑ More than 4 weeks ago 3

71. Is there a **ceil**ing **fan** in this room?
    - ❑ Yes 1 Does it work? ❑ Yes ❑ No
    - ❑ No 2 (Go to Q 73)

72. How often is the **ceil**ing fan cleaned?
_____ Times a **mo**nth #
_____ Times a **year** #
_____ **Less** than once a year 1-y, 2-n

73. Have you made any **ch**ang**es** to this room or other parts of the house because of (child's name)'s **asth**ma?
❑ Yes 1
❑ No 2 (Go to Q 75)

74. What changes have you made?

Yes 1	No 2	
❑	❑	a. **Re**moved **carp**ets from the room where the child sleeps
❑	❑	b. **Co**vered the child's **matt**ress with a plastic or vinyl cover
❑	❑	c. **Us**ed an **air** conditioner
❑	❑	d. **Us**ed a **humid**ifier
❑	❑	e. **Us**ed an **air cl**eaner
❑	❑	f. **Rem**oved visible **mold** growth
❑	❑	g. **Rem**oved **pet**s from the residence
❑	❑	h. **Stop**ped **smo**king cigarettes in the home
❑	❑	i. **Con**trolled or eliminated cock**roach**es
❑	❑	j. **Oth**er (**spec**ify)_____

75. Is there evidence of **wat**er **dam**age, moisture or leaks?
❑ Yes 1 Where (specify)_____
❑ No 2

76. Are any of the following present in this room? CHECK ALL THAT APPLY

Yes 1	No 2	
❑	❑	a. **Food** debris
❑	❑	b. **Clutter** on the floor
❑	❑	c. **Clut**ter on **surf**aces
❑	❑	d. **Plant**s (live plants only)

Now show me the room where (child's name) spends most of his/her time when awake:

F. Room where child spends most of awaking time

77. Please identify the room
❑ Same as sleeping area (Go to section G)
❑ Living room/family room
❑ Bedroom
❑ Other (specify)_____

78. Identify predominant type of **floor** covering in this room.
❑ Carpeting 1
❑ Hardwood floor 2
❑ Tile or linoleum 3
❑ Cement 4
❑ Other 5 (specify)_____

79. Are there area **rug**s in the room?
❑ Yes 1 How many rugs?_____
❑ No 2 (Go to Q 81)

80. How often are the rug shaken/**cl**eaned?
_____ Times a **wee**k #
_____ Times a **mo**nth #
_____ Times a **yea**r #
_____ **Les**s than once a year 1-y, 2-n

81. Is there any cloth-**cov**ered **furn**iture in this room?
❑ Yes 1 How many pieces?_____
❑ No 2

82. Is there at least one **window** in this room?
❑ Yes 1 Does it work ❑ Yes ❑ No
Is it broken screen ❑ Yes ❑ No
❑ No 2

83. Is there a **ceil**ing **fan** in this room?
❑ Yes 1 can any of them opened ❑ Yes ❑ No
❑ No 2

84. How often is the **ceil**ing fan cleaned?
_____ Times a **mo**nth #
_____ Times a **yea**r #
_____ **Les**s than once a year 1-y, 2-n

85. What kinds of coverings are on the windows? Check all that apply

Yes 1	No 2	
❑	❑	a. **Curtains**/drapes
❑	❑	b. **Blinds**
❑	❑	c. **Shades**
❑	❑	d. **Sheets**
❑	❑	e. News**paper**
❑	❑	g. **None**
❑	❑	f. **Oth**er (specify)_____

86. Is there evidence of **wat**er **dam**age, moisture or leaks? (looking for)
❑ Yes 1
❑ No 2

87. Are any of the following present in this room? Check all that apply

Yes 1	No 2	
❑	❑	a. **Food** debris
❑	❑	b. **Clutter** on the floor
❑	❑	c. **Clut**ter on **sur**faces
❑	❑	d. **Plants** (live plants only)

Now show me the room where (child's name) spends most of his/her time when awake:
Next I would like to see the kitchen

G. Kitchen

88. Identify the **cook**ing **sour**ce
❑ Gas 1
❑ Electric 2
❑ **Oth**er 3 (specify)_____

89. Does the gas stove have a **con**tinuously burning pilot **light**?
❑ Yes 1
❑ No 2

90. Is there a **hood**/vent over the stove
    - ❑ Yes 1
    - ❑ No 2

91. Is the **hood/vent** stove ventilated to the outside?
    - ❑ Yes 1
    - ❑ No 2

92. How often is the **fan** or vent **use**d when the stove is in use?
    - ❑ Always 1
    - ❑ Most of the Time 2
    - ❑ Occasionally 3
    - ❑ Rarely 4
    - ❑ Never 5

93. Are the following present in the kitchen? Check all that apply

Yes 1	No 2	
❑	❑	a. Overflowing **trash** can
❑	❑	b. Cockroach **stain**s
❑	❑	c. Rodent **droppings**
❑	❑	d. **Leak**ing **pipe**s
❑	❑	e. **Food deb**ris
❑	❑	f. **Clut**ter or surfaces

94. Is there evidence of **wat**er damage, moisture or leaks in the **kit**chen?
    - ❑ Yes 1
    - ❑ No 2

95. Is there at least one **win**dow in the **kit**chen?
    - ❑ Yes 1
    - ❑ No 2

96. What kind of covering are on the windows? Check all that apply

Yes 1	No 2	
❑	❑	a. **Curt**ains/drapes
❑	❑	b. **Blind**s
❑	❑	c. **Shade**s
❑	❑	d. **Sheet**s
❑	❑	e. News**paper**
❑	❑	g. None
❑	❑	f. **Oth**er (specify)_____

Please show me the bathroom your child uses most

H. Bathroom

97. Is there visible mildew or **mold**?
    - ❑ Yes 1
    - ❑ No 2

98. Are the following present in the bathroom? Check all that apply

Yes 1	No 2	
❑	❑	a. **Leak**ing **fau**cet
❑	❑	b. **Leak**ing **tub** faucet
❑	❑	c. **Crack**ed **wal**ls
❑	❑	d. Some **smell**?

I. General Household

99. Does the home smell like **to**bacco **smok**e?
- ❑ Yes 1
- ❑ No 2

100. Does the home **smell moldy** or musty?
- ❑ Yes 1
- ❑ No 2

101. Does the home have?

Yes 1	No 2	
❑	❑	a. **Bro**ken **win**dows
❑	❑	b. **Mis**sing **screen**s
❑	❑	c. **Crack**ed **wall**s
❑	❑	d. **Miss**ing wall **mold**ing
❑	❑	e. **Pop**corn **ceil**ing